AMENDMENT OF SOLICITATION/MODIFICATION OF (ONTRACT				1. CONTRACT ID CODE PAGE OF			OF PAGES
2. AMENDMENT/MODIFICATION NO. 0009	3. EFFECT	004	REQUISITION/PURCHAS V8003K21125521		5. PROJECT I	NO. (If ap	plicable)
6. ISSUED BY	CODE W81K0	4	7 ADMINISTERED BY (If a	ther than Item (6) CODE		
CENTER FOR HEALTH CARE COMEDCOM HEALTH CARE ACQ A ATTN MCAA-C-CAS, BLDG 4197 2107 17TH ST, STE 68 FORT SAM HOUSTON TX 78234-5	CTY		SAME AS BLOCK	5			
8. NAME AND ADDRESS OF CONTRACTOR (N	No., street, county, Stat	e and ZIP Code)		(√) 9A. AN	MENDMENT OF SOLICIT	TATION N	O.
				× DAD.	A10-3-R-0001		
				9B. DA	TED (SEE ITEM 11) NE 2003		
					IODIFICATION OF CON O.	ITRACTS/	ORDER
CODE	FACILITY	CODE		10B. D	ATED (SEE ITEM 13)		
			MENDMENTS OF S	OLICITATIO	ONS		
The above numbered solicitation is amend tended.				F		is not ex-	
Offers must acknowledge receipt of this amend	lment prior to the ho	ur and date specifie	d n the solicitation or as a	mended, by or	ne of the following met	hods:	
(a) By completing Items 8 and 15, and returning submitted; or (c) By separate letter or telegram MENT TO BE RECEIVED AT THE PLACE DESIG IN REJECTION OF YOUR OFFER. If by virtue of letter, provided each telegram or letter makes re	which includes a ref NATED FOR THE RE this amendment you	erence to the solicit CEIPT OF OFFERS F u desire to change a	PFI OR TO THE HOUR AND in offer already submitted,	bers. FAILURE DATE SPECIF such change n	E OF YOUR ACKNOWLI IED MAY RESULT nay be made by telegra	EDG- am or	fer
12. ACCOUNTING AND APPROPRIATION DAT SEE SCHEDULE	A (If required)						
IT MO	ODIFIES THE CO	ONTRACT/ORDE	IFICATIONS OF CON EF NO. AS DESCRIBI	ED IN ITEM	14.		
A. THIS CHANGE ORDER IS ISSUED PUR TRACT ORDER NO. IN ITEM 10A.	RSUANT TO: (Specif	y authority) THE CH.	AI GES SET FORTH IN ITE	M 14 ARE MA	DE IN THE CON-		
B. THE ABOVE NUMBERED CONTRACT, appropriation date, etc.) SET FORTH IN	ORDER IS MODIFIED I ITEM 14, PURSUAN	O TO REFLECT THE NT TO THE AUTHOR	A)MINISTRATIVE CHANG RITY OF FAR 43.103(b).	iES (such as ch	nanges in paying office,		
C. THIS SUPPLEMENTAL AGREEMENT IS	S ENTERED INTO PU	RSUANT TO AUTHO	OFI TY OF:				
D. OTHER (Specify type of modification and	authority)						
E. IMPORTANT: Contractor is	not, is r	equired to sign	t is document and r	eturn	copies to the	e issuinç	g office.
14. DESCRIPTION OF AMENDMENT/MODIFICA	ATION (Organized by	UCF section headings	, i cluding solicitation/contra	ct subject matte	r where feasible.		
BASE OPERATING SUPPORT SER MEDICAL CENTER (WRAMC), W			OMERCIAL ACTI	VITIES ST	UDY AT WALT	ER REE	ED ARM
(a) The date and time for receipt of o	offers stated in D	D Form 1707,	Block 3, and Standard	i Form 33,	Block 9, is extend	led as fo	ollows:
From: 23 OCT 2003, 3:00 PM (Cent To: 05 MAR 2004, 3:00 PM (Cent							
(b) All other terms and conditions re-	main unchanged						
Except as provided herein, all terms and condi- and effect.	tions of the documer	nt referenced in Item	n 9 \ or 10A, as heretofore	changed, rem	ains unchanged and in	full force	
15A. NAME AND TITLE OF SIGNER (Type or p	orint)		1 SA. NAME AND TITLE OF ARY D. HANKIN				
15B. CONTRACTOR/OFFEROR	1	5C. DATE SIGNED	1 3B. UNITED STATES OF	AMERICA		16C. [ATE SIGNI
(Signature of person authorized to	o sign)		B / (Signat	ure of Contrac	cting Officer)	- 30 J <i>A</i>	N 2004